



SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY INFORMATION CHANGE FORM

☐ Name Change (3) ☒ Address Change (4) ☐ Telephone Change (6)

1. Name of Tribe and Tribal ID Number: _____

2. Name: (Type or Print):

First Name

Middle Name

Last Name (Include Jr. or Sr.)

Date of Birth

Social Security Number

3. New Name (Type or Print):

First Name

Middle Name

Last Name (Include Jr. or Sr.)

PLEASE ATTACH LEGAL DOCUMENTATION OF NAME CHANGE BY COURT ORDER OR BY MARRIAGE LICENSE OR DIVORCE DECREE

4. New Mailing Address:

Street Address or Post Box

City

State

Zip Code

Email Address (if Applicable): _____

5. Alternate Mailing Address: (Family Member or Friend):

Street Address or Post Box

City

State

Zip Code

6. New Phone Number(s):

Home: ()

Cell: ()

Dated: _____

(Signature of Person named in Question 2)

☐ By checking this box, I agree that the SRPMIC Government staff may contact me about land, rights of way, and other matters related to my land or other Government activities.

☐ By checking this box I agree that all minor children in my care will have their address changed and updated through this single action. Please list minors below.

Name of Minor D.O.B.

Name of Minor D.O.B.

Name of Minor D.O.B.

Name of Minor D.O.B.

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Name of Minor D.O.B.

If you have questions or need further information, please call the SPRMIC Community Development Department at (480) 362-7600.

Date Received by SRP-MIC – CDD/MRPM Team: _____ Date Entered in Landowner Database: _____